

**WINCHESTER PARKS AND RECREATION DEPARTMENT  
SPECIAL EVENT PERMIT REQUEST**

**APPLICATION**

***REQUEST APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING  
THE HOLD HARMLESS AGREEMENT.***

**SPECIAL EVENT TITLE:**\_\_\_\_\_

**ORGANIZATION:**\_\_\_\_\_

**CONTACT PERSON:**\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_

**TELEPHONE NO.**\_\_\_\_\_

**WHICH FACILITY OR FACILITIES:** \_\_\_\_\_

\_\_\_\_\_

**DATE(S) YOU ARE REQUESTING:** \_\_\_\_\_  
**(APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR  
TO EVENT)**

**APPROXIMATE NUMBER YOU ARE EXPECTING TO ATTEND  
YOUR EVENT:** \_\_\_\_\_

**HAS YOUR ORGANIZATION HELD THIS EVENT IN A  
WINCHESTER PARKS AND RECREATION DEPARTMENT  
FACILITY BEFORE?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**IF YES TO THE ABOVE, WHERE AND WHEN?** \_\_\_\_\_

\_\_\_\_\_

**IF YOUR REQUEST IS FOR JIM BARNETT PARK DOES YOUR  
EVENT REQUIRE A SHUT-DOWN OF ANY OF THE FOLLOWING?**

**ATHLETIC FIELDS**\_\_\_\_\_  
**WAR MEMORIAL BUILDING**\_\_\_\_\_  
**ANY PARK ROADS**\_\_\_\_\_

**SHELTERS**\_\_\_\_\_  
**ENTIRE PARK**\_\_\_\_\_

**IS THIS EVENT A FUNDRAISER FOR YOUR ORGANIZATION?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**IS YOUR ORGANIZATION PLANNING ON MAKING A DONATION  
TO THE WINCHESTER PARKS AND RECREATION DEPARTMENT  
FOR THE USE OF THE ABOVE FACILITY OR FACILITIES?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**IF YES, PLEASE DESCRIBE DONATION:**

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**WILL THERE BE FOOD CONCESSIONS?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**WHO WILL BE GETTING THE HEALTH DEPARTMENT  
PERMIT?(IF YES)**

NAME

TELEPHONE NUMBER

(PLEASE PROVIDE A COPY OF THIS PERMIT.)

**WILL THERE BE VENDORS SELLING OTHER ITEMS?(T-SHIRTS,  
TRINKETS, ETC.)**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**WILL THERE BE ANY MECHANICAL RIDES?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**WHO WILL GET THESE INSPECTED BY PROPER AUTHORITIES?**

NAME

TELEPHONE NUMBER

(PLEASE PROVIDE A COPY OF THIS PERMIT.)

**WILL YOU BE CHARGING AN ADMISSION FEE?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**WILL THERE BE PONY RIDES?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**WILL THERE BE BALLOON OR HELICOPTER RIDES?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

**LOCATION REQUESTED:** \_\_\_\_\_

**IS YOUR ORGANIZATION REQUESTING THAT THE WINCHESTER  
PARKS AND RECREATION DEPARTMENT BE AN OFFICIAL CO-  
SPONSOR OF YOUR EVENT?**

**YES**\_\_\_\_\_

**NO**\_\_\_\_\_

<b>IF THE ANSWER TO THE ABOVE IS YES PLEASE DESCRIBE THE CO- SPONSOR ROLE THAT THE DEPARTMENT WOULD UNDERTAKE AND THE BENEFITS THE DEPARTMENT WOULD RECEIVE:</b>

**THE FOLLOWING INFORMATION WILL FORM THE BASIS OF A MEMO OF UNDERSTANDING BETWEEN THE ORGANIZATION HOSTING THE SPECIAL EVENT AND THE WINCHESTER PARKS AND RECREATION DEPARTMENT:**

<b>ARE YOU REQUESTING ANY ITEMS/TASKS THAT THE WINCHESTER PARKS AND RECREATION DEPARTMENT WILL NEED TO PROVIDE OR PERFORM? (PLEASE LIST ALL PERTAINING TO YOUR EVENT)</b>

<b>WHAT ITEMS OR TASKS WILL YOUR ORGANIZATION BE PROVIDING OR PERFORMING FOR THE SPECIAL EVENT? (PLEASE LIST ALL)</b>

**YOUR APPLICATION WILL BE REVIEWED BY THE WINCHESTER PARKS AND RECREATION DEPARTMENT AND THE WINCHESTER PARKS AND RECREATION BOARD. ADDITIONAL INFORMATION**

**MAY BE REQUIRED FOR GRANTING SPECIAL EVENT PERMIT  
FOR SPECIAL EVENT.**

**SIGNED**\_\_\_\_\_

**DATE:**\_\_\_\_\_

**TITLE:**\_\_\_\_\_